

FILED

AUG 26 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Shawn Alls

Plaintiff,

vs.

Ben Curry., et.. al.

Defendant.

CASE NO. CV-08-3807 PJH
(PR)

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

I, Shawn Alls, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☒ No ☐

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: 30¢ an hour; (120 hour limit) Net: \$ 36.00 A MONTH

Employer: CALIFORNIA DEPARTMENT OF CORRECTIONS AND
REHABILITATION; SOLEDAD, CORRECTIONAL TRAINING FACILITY (CTF)

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 NA

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes ___ No X

10 self employment

11 b. Income from stocks, bonds, Yes ___ No X

12 or royalties?

13 c. Rent payments? Yes ___ No X

14 d. Pensions, annuities, or Yes ___ No X

15 life insurance payments?

16 e. Federal or State welfare payments, Yes ___ No X

17 Social Security or other govern-

18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 NA

23 3. Are you married? Yes ___ No X

24 Spouse's Full Name: NA

25 Spouse's Place of Employment: NA

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ NA Net \$ NA

28 4. a. List amount you contribute to your spouse's support: \$ NA

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

NA

5. Do you own or are you buying a home? Yes ___ No X

Estimated Market Value: \$ NA Amount of Mortgage: \$ NA

6. Do you own an automobile? Yes ___ No X

Make NA Year NA Model NA

Is it financed? Yes ___ No X If so, Total due: \$ NA

Monthly Payment: \$ NA

7. Do you have a bank account? Yes X No ___ (Do not include account numbers.)

Name(s) and address(es) of bank: BANK OF AMERICA ; address (NA)

Present balance(s): \$ APPROXIMATELY \$ 700.00

Do you own any cash? Yes ___ No X Amount: \$ NA

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No X

8. What are your monthly expenses?

Rent: \$ NA Utilities: NA

Food: \$ \$ 36.00 Clothing: ___

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>NA</u>	\$ <u>"</u>	\$ <u>"</u>
<u>NA</u>	\$ <u>"</u>	\$ <u>"</u>
<u>NA</u>	\$ <u>"</u>	\$ <u>"</u>

1 you have any other debts? (List current obligations, indicating amounts and to whom they are
2 payable. Do not include account numbers.)

3 NA
4 _____

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ___ No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 NA
10 _____

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15
16 8-20-08

17 DATE

Shawn AL

18 SIGNATURE OF APPLICANT
19
20
21
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28

FILED

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RICHARD W. VIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Case Number: C08-3807 PJH

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of ALLS E62453 for the last six months at **CORRECTIONAL TRAINING FACILITY**
P.O. BOX 686
SOLEDAD, CA 93960 [prisoner name]
ATTN: TRUST OFFICE where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 30.98 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 61.02.

Dated: 8-22-08

Brenda Nation, Acct Technician

[Authorized officer of the institution]

CORRECTIONAL TRAINING FACILITY
P.O. BOX 686
SOLEDAD, CA 93960
ATTN: TRUST OFFICE



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST: 8-22-08
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY Brenda Nation
TRUST OFFICE

Account Technician

REPORT ID: TS3030 .701 REPORT DATE: 08/22/08 PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CTF SOLEDAD/TRUST ACCOUNTING
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAR. 23, 2008 THRU AUG. 22, 2008

ACCOUNT NUMBER : E62453 BED/CELL NUMBER: CFZWT20000000208L
ACCOUNT NAME : ALLS, SHAWN CHRISTOPHER ACCOUNT TYPE: I
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

TRAN DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
03/23/2008		BEGINNING BALANCE					4.95
04/04	D554	INMATE PAYROL 3156 P3			36.00		40.95
04/14	FR01	CANTEEN RETUR 703341				3.80-	44.75
04/14	FC01	DRAW-FAC 1 3348 ML				30.00	14.75
04/17	W425	DONATION-A A 3416 COM-D				12.00	2.75
04/24	D300	CASH DEPOSIT 3524 7155			60.00		62.75
05/02	D554	INMATE PAYROL 3616 P11			36.00		98.75
05/05	W516	LEGAL COPY CH 3641 LCOPY				0.60	98.15
05/19	FC01	DRAW-FAC 1 3814 ML				36.00	62.15
06/03	D554	INMATE PAYROL 4016 P21			36.00		98.15
06/10	FC01	DRAW-FAC 1 4121 ML				20.00	78.15
07/03	D554	INMATE PAYROL 0032 P13			29.85		108.00
07/14	FR01	CANTEEN RETUR 800160				20.00-	128.00
07/15	FC01	DRAW-FAC 1 0166 ML				20.00	108.00
08/05	D554	INMATE PAYROL 0437 P7			36.00		144.00
08/06	W516	LEGAL COPY CH 0456 LCOPY				1.90	142.10
08/07	W389	DONATION - YO 0493 PIZZA				93.50	48.60
08/18	FR01	CANTEEN RETUR 800611				20.00-	68.60
08/18	FC01	DRAW-FAC 1 0619 ML				56.00	12.60

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
4.95	233.85	226.20	12.60	0.00	0.30

CURRENT
AVAILABLE
BALANCE
12.30

CORRECTIONAL TRAINING FACILITY
P.O. BOX 686
SOLEDAD, CA 93960
ATTN: TRUST OFFICE



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE
ATTEST: 8-22-08
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY *Priscilla Nativ*
TRUST OFFICE
Account Technician

SHAWN HHS C-62450
P.O. Box 689 (CTF)
Soleidad CA-93560
2-208.

Eq / Mpi /

OFFICE of the CLERK (R.W. WIEKING)
U.S. DISTRICT COURT, NORTH DIST. of CAL.
450 GOLDEN GATE AVENUE
SAN FRANCISCO, CALIFORNIA 94102

RECEIVED
U.S. DISTRICT COURT
NORTH DISTRICT OF CALIFORNIA
AUG 23 2008

PJA



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Rep



8-25-08